

OBSTETRICS

UNDER THE CHARGE OF

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Labor Obstructed by Ovarian Cyst.—SALISBURY (*Jour. Obst., and Gynec., of British Empire*, June-August, 1916) reports the case of a multipara who had been six days in labor, with acute pain, the membranes having ruptured two days previously. She was at full term. On admission, strong uterine contractions were present, with signs of exhaustion. Thirty ounces of urine were withdrawn by the catheter. The child was dead and the head fixed in the pelvic brim. A large, tense cyst filled Douglas's pouch completely below the presenting part, and no attempt was made to displace it. The patient was given stimulation and sedatives, and, when her condition improved, operation was performed. A dermoid cyst of the left ovary the size of an ostrich egg was withdrawn from the pelvis with some difficulty and ruptured during its extraction. The cyst was removed, the uterus replaced in the abdomen, and the fetal head pushed into the pelvic brim. The patient was then placed in the lithotomy position, the occiput manually rotated to the front, and a dead child was delivered with axis-traction forceps. The abdominal wound was then closed, and the patient made an uninterrupted recovery. A second case was that of a woman who had been confined to her home by a midwife who felt a mass behind the vagina and the fetal head high up in front, strong pains being present without progress. After some delay a living child had been born and the pelvic mass had disappeared. The patient vomited once and had some abdominal pain. During the day the patient felt comfortable and was sent into the hospital the next morning. On admission she stated that she was comfortable, but the pulse was quick and there was distinct tenderness on deep pressure over the abdomen. The abdomen was opened and serous blood and mucoid material were present. A semi-solid, multilocular cyst adenoma of the left ovary, weighing two and one-half pounds, was found to have ruptured, and one loculus was still lying in the pelvis. The cyst was removed, the fluid mopped up, and a drain inserted. The patient made an uninterrupted recovery. In the third case, as labor commenced, a physician found two polypi in the vagina. On admission to the hospital a small cyst of the left ovary was found to move freely over the left surface of the uterus. A vaginal examination revealed two polypoid adjacent to old scar. Dilatation of the cervix had not commenced. In Douglas's cul-de-sac there was a tense, hard mass the size of a hen's egg, continuous on the left side of the pelvis, with a soft cyst. The mass was immobile and had been diagnosed as a dermoid cyst of the right ovary. Before operation a quantity of liquor amnii escaped through the vagina. When the abdomen was opened the pelvic mass could not readily be approached, so the uterus was first emptied by Cesarean section and a living child delivered. The pelvic

mass was a dermoid of the right ovary, the size of a cocoanut, afterward found to contain bone and teeth. A dermoid of the left ovary was also present above the pelvic brim. Both cysts were removed and the patient made an excellent recovery.

Labor Complicated by Face Presentation.—TITUS (*Surg., Gynec., and Obst.*, December, 1916) writes concerning face presentation in which posterior rotation of the chin into the hollow of the sacrum occurs. He reviews the literature of the subject and quotes a case operated upon by symphysiotomy in 1903. He also describes 2 cases, which have been reported, in which this treatment was carried out. He believes that a reasonable test of the second stage of labor should be allowed to these patients in the hope that anterior rotation will take place. He finds that attempts to rotate by forceps are dangerous to mother and child and that Cesarean section has a high mortality in these cases. If the child is dead or dying, craniotomy is permissible, although this may be difficult. He believes that pubiotomy is the operation of choice where the chin rotates posteriorly and the child is living and in good condition. About twenty years ago, at a time when American obstetricians were doing symphysiotomy, the reviewer had a series of 8 cases of symphysiotomy for disproportion between fetus and mother. In the *Medical News*, a medical journal not now existing, he published a paper in which he advocated symphysiotomy for posterior rotation of the chin in face presentation, and stated his intention to perform the operation should such a case present itself. This did not happen, however, and symphysiotomy was abandoned for other procedures.

The Care of Pregnant Women.—At a meeting of the Section of Obstetrics and Gynecology, Royal Society of Medicine (*British Med. Jour.*, November 11, 1916), a discussion upon this subject was opened by MOORE. He estimated that in England and Wales 3500 deaths occur from childbirth each year. A study of the conditions producing these deaths showed that a very large percentage might be prevented. As a remedy he would advise notification by the patient of her pregnant condition so that she could without fail receive competent medical care. This had actually been tried out in the town in which he lived, a small fee being paid to doctor or midwife for the notification which was only allowed with the consent of the woman herself. In 1536 labors occurring among these patients, 156 of the pregnancies, or 10 per cent., had been notified and received attention during pregnancy; of these, 130 were uncomplicated and 26 required special attention. ROUTH stated that at Queen Charlotte's Hospital in one year 557 cases of albuminuria were admitted. The study of statistics shows that there are 30 per cent. of stillbirths and that it is not at all uncommon to have the birth of a macerated fetus occur. Thus, 25 per cent. of stillbirths show this condition. He believed that care should be given the woman during pregnancy and that postmortem should be made on all stillborn children and search instituted for the characteristic germ of syphilis. BERKELEY described a plan for the establishment of maternity centers which should give supervision of pregnant patients and secure proper care for them and proper attendance during labor. He estimated that 50 per cent. of all pregnant women engaged mid-